



DRAWDOWN CERTIFICATION LIST

LAW ENFORCEMENT TERRORISM PREVENTION PROGRAM

GRANT YEAR 2005

Date: _____

JURISDICTION NAME: _____

CONTACT NAME: _____

TELEPHONE NUMBER: _____

EMAIL: _____

<i>You must attach a list of items to be purchased totaling your Requested Amount</i>			GRANT BALANCE
REQ. #	DESCRIPTION	\$ AMOUNT REQUESTED	
___ of ___			
___ of ___			
___ of ___			
___ of ___			
___ of ___			
___ of ___			
PROJECT DIRECTOR / FINANCIAL OFFICER SIGNATURE:			

Instructions: Please MAIL this form to Department of Criminal Justice Service when requesting funds.

DCJS ATTN: Shelia Anderson

202 North Ninth St., 10th floor, Richmond, VA 23219

- ❖ Do not request funds prior to 120 days of expenditure/disbursement.
- ❖ You may request total grant award with one form.
- ❖ No funds will be released until this form has been received.
- ❖ Attach Purchase Order or Pay Account Sheet